Ken Culpepper Director, Regulatory Affairs 7401 Florida Boulevard Baton Rouge, LA 70805-4639 (225) 930-2190 (voice)

kenneth.culpepper@cox.com



Date

May 20, 2011

To:

Marlene H. Dortch Office of the Secretary

Federal Communications Commission

445 - 12th Street, SW Washington, DC 20554

Interstate Access Support (IAS) 2011 - 2012

Received & Inspected

MAY 24 2011

FCC Mail Room

IAS

Karen Majcher

Vice President - High Cost and Low Income Division

Universal Service Administrative Company

2000 L Street, NW, Suite 200 Washington, DC 20036

Hccerts@usac.org

Re:

CC Docket No. 96-45

Interstate Access Support - IAS

Annual Certification Filing

This is to certify that _____COX LOUISIANA TELCOM, L.L.C. will use its INTERSTATE ACCESS SUPPORT - IAS only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

I am authorized to make this certification on behalf of the company named above. This certification is for the study area(s) listed below. (Please enter your Company Name, State and Study Area Code)

IAS

Company Name	State	Study Area Code
COX LOUISIANA TELCOM, L.L.C.	LOUISIANA	279011

(If necessary	attach a separate list of additional study areas and check this box.)	
Signed,		
Ken Culpegger [Signature of Authorized Representative]	Date: _5/20/11_	
Ken Culpepper		
[Printed Name of Authorized Representa	tive]	
Director, Regulatory Affairs		
[Title of Authorized Representative]	No. of Copies rec'd 0	
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Ken Culpepper Director, Regulatory Affairs 7401 Florida Boulevard Baton Rouge, LA 70805-4639 (225) 930-2190 (voice) (225) 930-2498 (fax)

Interstate Common Line Support (ICLS) 2011 - 2012

kenneth.culpepper@cox.com

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IAS

Company Name	State	Study Area Code
COX GEORGIA TELCOM, L.L.C.	GEORGIA	229011

Company Name	State	Study Area Code
COX GEORGIA TELCOM, L.L.C.	GEORGIA	229011
(If necessary, attac	ch a separate list of additional study a	areas and check this box.)
Signed,		
Ken alpegge	Date: 5/20	5/11
[Signature of Authorized Representative]		
Ken Culpepper		
[Printed Name of Authorized Representative]		
Director, Regulatory Affairs		
[Title of Authorized Representative]		
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Company	Name	State	Study Area Cod	е
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(If necessa	ry, attach a sep	arate list of additional stud	dy areas and check this box.)	
Signed,				
Ken Culpepper		Date: 5/	20/11	
[Signature of Authorized Representative	/e]			
Ken Culpepper				
[Printed Name of Authorized Represer	ntative]			
Director, Regulatory Affairs				
[Title of Authorized Representative]				
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